

ISSUE SLIP STAPLE AREA (for additional cross references)

09/701031

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

✓ Rejected N Non-elected  
 - Allowed I Interference  
 - (Through numeral) Canceled A Appeal  
 + Restricted O Objected

| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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